

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	1		1				53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16	1		1				66						
17		1		1			67						
18		2		1			68						
19		2		1			69						
20	1		1				70						
21	1		1				71						
22	1		1				72						
23	1		1				73						
24	1		1				74						
25	1		1				75						
26	1		1				76						
27	1		1				77						
28		1		1			78						
29		2		1			79						
30	1		1				80						
31		1		1			81						
32		1		1			82						
33		3		1			83						
34		3		1			84						
35		2		1			85						
36		2		1			86						
37		2		1			87						
38		2		1			88						
39	1		1				89						
40		1		1			90						
41	1		1				91						
42		1		1			92						
43	1		1				93						
44		1		1			94						
45	1		1				95						
46				1			96						
47				1			97						
48							98						
49							99						
50							100						
TOTAL IND.			16				TOTAL IND.						
TOTAL DEP.			31				TOTAL DEP.						
TOTAL CLAIMS			47				TOTAL CLAIMS						